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CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

MEMORANDUM

Agenda Item No. 3(A)(13)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: September 3, 2014

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively authorizing in-kind services for the May 16, 2014 "Rally/March Against Apartheid"
Resolution No. R-712-14

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Jean Monestime.

R. A. Cuevas, Jr.
County Attorney

RAC/smm

MEMORANDUM
(Revised)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: September 3, 2014

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 3(A)(13)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Ordinance creating a new board requires detailed County Mayor's report for public hearing**

✓ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous _____) to approve**

✓ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 3(A)(13)
9-3-14

RESOLUTION NO. R-712-14

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE MAY 16, 2014 "RALLY/MARCH AGAINST APARTHEID" SPONSORED BY THE HAITIAN LEAGUE FOR HUMAN RIGHTS, INC. IN AN AMOUNT NOT TO EXCEED $650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 2 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, the Haitian League for Human Rights, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the May 16, 2014 "Rally/March Against Apartheid" in an amount not to exceed $650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Rally/March Against Apartheid" is to inform and educate the general public about the plight of Haitians in the Dominican Republic; and

WHEREAS, the Haitian League for Human Rights, Inc. is a not-for-profit organization; and

WHEREAS, the "Rally/March Against Apartheid" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $650.00 of the in-kind services shall be funded from the balance of the District 2 FY 2013-14 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the May 16, 2014 "Rally/March Against Apartheid" sponsored by the Haitian League for Human Rights, Inc. in an amount not to exceed $650.00 to be funded from the balance of District 2 FY 2013-14 In-Kind Reserve Fund.

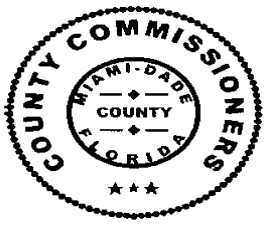
The Prime Sponsor of the foregoing resolution is Commissioner Jean Monestime. It was offered by Commissioner **Sally A. Heyman**, who moved its adoption. The motion was seconded by Commissioner **Lynda Bell** and upon being put to a vote, the vote was as follows:

Rebeca Sosa, Chairwoman			**aye**
Lynda Bell, Vice Chair			**aye**
Bruno A. Barreiro	**absent**	Esteban L. Bovo, Jr.	**aye**
Jose "Pepe" Diaz	**absent**	Audrey M. Edmonson	**aye**
Sally A. Heyman	**aye**	Barbara J. Jordan	**aye**
Jean Monestime	**aye**	Dennis C. Moss	**aye**
Sen. Javier D. Souto	**aye**	Xavier L. Suarez	**absent**
Juan C. Zapata	**aye**		

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of September, 2014. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK



By: ***Christopher Agrippa***
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. GKS

Gerald K. Sanchez

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☑ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

****Note: Event budget must be included for "Special" and "Major" event types.****

Commissioner sponsoring event JEAN MONESTIME

1. Full legal name of the requesting organization: HAITIAN LEAGUE FOR HUMAN RIGHTS, INC.

2. Applicant Status: (Select one of the choices below)

   - ☑ Not-For-Profit or Tax Exempt
   - ☐ For-Profit
   - ☐ Local Government or Public Entity
   - ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): GUY VICTOR 954-594-3047; VICTOR4775 @BELLSOUTH.NET

4. Specify fee waiver or in-kind service requested (quantify, if applicable): 16 X 16 Stage AT BAYFRONT, IN TORCH OF FRIENDSHIP, ON MAY 16, 2014 FROM 11:00AM. UNTIL 3:00 P.M. BETWEEN AVE 3+4 ON BISCAYNE BLVD.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
RALLY/MARCH ON MAY 16, 2014 AGAINST APARTHEID-LIKE RULING IN DOMINICAN REPUBLIC.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☑ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): TORCH OF FRIENDSHIP BISCAYNE BLVD BETWEEN NE 3+4 STREETS

8. Description of regional or local impact: TO INFORM AND EDUCATE THE GENERAL PUBLIC ABOUT THE PLIGHT OF HAITIANS IN THE DOMINICAN REPUBLIC.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
SET UP AT 10:00 AM
GUEST SPEAKERS FROM 11:00 AM - TO 2:00 PM

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): FROM TORCH OF FRIENDSHIP TO THE DOMINICAN REPUBLIC CONSULATE ON BRICKELL AVE AND 10 ST. WALK ON SIDEWALK WITH POLICE ESCORT.

11. Expected number of participants and estimated attendance (per day, if applicable): 50-100

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

I hereby certify that all the statements made in this application are true and correct.

Signature of Authorized Representative

5/13/14
Date

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

(305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Haitian League for Human Rights Inc.

EQUIPMENT REQUESTED: Stage 16 X 16 & 36"

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Monestime

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 900 NE 125 Street, Suite 200, Miami, FL 33161

NAME/TITLE OF THE EVENT: Rally and March Against Apartheid in the Dominican Republic

ADDRESS OF EVENT: In front of the Torch of Friendship on Biscayne Blvd. NE 3rd and NE 4th

TODAY'S DATE: 05/12/2014

DATE (S) & TIME OF EVENT: May 16, 2014

SET-UP TIME & DAY: 9:30 AM

TAKE-DOWN & DAY: 3:00 PM

CONTACT PERSON/PHONE: Melonie Burke 305 -694-2779

AT SITE CONTACT/CELL PHONE#: Guy Victor 954—599-3047

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. **We also understand that the total fee is to be remitted (15) fifteen working days before the event.**

***Fee: $** **Signature:**

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Agency/Group: Commissioner Monestime

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED ½ (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

HAITIAN LEAGUE FOR HUMAN RIGHTS, INC.

Filing Information

Document Number	N14000001174
FEI/EIN Number	NONE
Date Filed	02/03/2014
State	FL
Status	ACTIVE

Principal Address

703 NE 117TH STREET
BISCAYNE PARK, FL 33161

Mailing Address

703 NE 117TH STREET
BISCAYNE PARK, FL 33161

Registered Agent Name & Address

EXULIEN, JEAN CLAUDE, SR.
703 NE 117TH STREET
BISCAYNE PARK, FL 33161

Officer/Director Detail

Name & Address

Title D/P

EXULIEN, JEAN CLAUDE, SR.
220 NE 48TH STREET
MIAMI, FL 33137

Title D/VP

LOUIS, RITEAU JEAN
20811 NE 2ND AVENUE
MIAMI, FL 33179

Title D/VP

MEDARD, JACQUES
125 NW 206TH TERRACE
MIAMI, FL 33161

9

Title D/T

JEANTY, GERARD
12035 NE 2ND AVE., #A315
N. MIAMI, FL 33161

Title D/AT

POLLIARD, JOEL
5000 NE 2ND AVENUE
MIAMI, FL 33137

Title D/S

BIAMBY, ROGER E
703 NE 117TH STREET
BISCAYNE PARK, FL 33161

Annual Reports

No Annual Reports Filed

Document Images

02/03/2014 -- Domestic Non-Profit | View image in PDF format

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State of Florida, Department of State

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
HAITIAN LEAGUE FOR HUMAN RIGHTS, INC.

Business name/disregarded entity name, if different from above
703 NE 117 ST BISCAYNE PARK, FL 33161

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
703 NE 117 ST BISCAYNE PARK, FL 33161

Requester's name and address (optional)

City, state, and ZIP code
BISCAYNE PARK, FL

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
46 - 4891447

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 5/13/14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Memorandum

MIAMI-DADE COUNTY

Date: September 3, 2014

To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by Haitian League for Human Rights, Inc., for their "Rally/March Against Apartheid in the Dominican Republic" event held on May 16, 2014.

In-kind services have been requested in an amount not to exceed $650 from the Parks, Recreation and Open Spaces Department for the use of a 16' x 16' stage. This event will be funded from the balance of District 2 FY 2013-14 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01457